



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 1 3 2

A U G U S T 7 , 2 0 0 1

To All Indiana Health Coverage Programs Dental Providers:

- Bulletin *E98-03* published January 17, 1998, and the *Indiana Health Coverage Programs Provider Manual* include criteria for orthodontia procedures for codes D8010 – D8090 as follows: *No orthodontic procedures are approved except in cases of craniofacial deformity or cleft palate.*

Criteria for the following dental procedure codes was omitted from bulletin *E98-03* and from *Chapter 8 of Indiana Health Coverage Programs Provider Manual*:

- D8060 – Interceptive orthodontic treatment of the transitional dentition
- D8210 – Removable appliance therapy
- D8220 – Fixed appliance therapy
- D8680 – Orthodontic retention

The Office of Medicaid Policy and Planning advises dental providers that effective September 21, 2001, which is 45 days after this banner message first appears on August 7, 2001, criteria for codes D8060, D8210, D8220, and D8680 will read as follows: *No orthodontic procedures are approved except in cases of craniofacial deformity or cleft palate.*

Supporting documentation of the craniofacial deformity or cleft palate must be maintained in the patient's medical records, along with a complete set of orthodontic records, at the provider's office for a period of three years after any procedure. Records are subject to post-payment review for appropriateness of service. Procedures reimbursed that are not in accordance with the policy for coverage are subject to recoupment.

To All Indiana Health Coverage Programs Physician and Chiropractic Providers:

- Effective July 1, 2001, prior authorization is no longer required for electro diagnostic studies. This affects CPT codes 95857, 95858, 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95870, 95872, 95875, 95900, 95903, 95904, 95925, 95926, 95927, 95930, 95933, 95934, and 95937. Electro diagnostic studies that involve needle penetration of the skin are only covered when performed by practitioners not restricted by scope of practice to perform such procedures. Medical necessity review for all electro diagnostic studies may be done by post-payment review. Procedures using CPT code 95999 (Unlisted neurological or neuromuscular diagnostic procedure) continue to require prior authorization.

To All Indiana Medicaid Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- The following labelers have entered into drug rebate agreements and have joined the rebate program with a mandatory coverage date of July 1, 2001:
 - Watson Pharma, Inc., Labeler Code 00591
 - Aaron Industries, Inc., Labeler Code 49580
 - InKine Pharmaceuticals, Labeler Code 61607
 - Dex Gen Pharmaceuticals, Inc., Labeler Code 65430
- The following labelers are terminated effective July 1, 2001:
 - Sanofi-Synthelabo Inc., Labeler Code 00563
 - Roberts Pharmaceutical Corporation, Labeler Code 43797
 - Swiss American Products, Inc., Labeler Code 60232
 - Nard Laboratories, Labeler Code 61123
- The following labelers are voluntarily terminated effective July 1, 2001:
 - Stuart Pharmaceuticals, Labeler Code 00038
 - Apotex-Major, Labeler Code 61147
 - Algos Pharmaceutical Corp., Labeler Code 64813
 - CutisPharma, Labeler Code 65628

To All Indiana Health Coverage Programs Hospital, Ambulatory Surgical Center, Physician, and Durable Medical Equipment Providers:

- Cyberonics has informed the Office of Medicaid Policy and Planning (OMPP) that they are no longer manufacturing the NCP Model 100 vagus nerve stimulator pulse generator. The NCP Model 101 vagus nerve stimulator pulse generator is in production and will replace the Model 100. The cost of the Model 101 pulse generator is \$9,753 compared to \$6,900 for the Model 100. The max fee reimbursement has been increased to cover the additional cost of Model 101. Providers billing for the NCP Model 100 system (Z5059) or the NCP Model 100 generator (Z5060) should bill their usual and customary charge. The max fee for the NCP Model 100 **has not been increased.**

Local Code	Description	Maximum Fee Pricing for NCP Model 100	Maximum Fee Pricing for NCP Model 101
Z5059	NCP System (includes NCP generator, bipolar VNS lead, disposable tunneling tool, hand-held telemetry wand programmer, programming software, horseshoe and bar magnet) – one unit	\$9,097.00	\$11,980.00
Z5060	NCP generator – one unit	\$6,900.00	\$9,753.00
Z5061	Bipolar VNS lead – one unit	\$2,030.00	\$2,030.00
Z5062	Disposable tunneling tool – one unit	\$167.00	\$167.00
Z5063	Hand-held magnet (horseshoe or block) – one unit	\$30.00	\$30.00

To All Indiana Health Coverage Programs Providers:

- Effective July 1, 2001, patients diagnosed with breast or cervical cancer through the Indiana Breast and Cervical Cancer Program of the State Department of Health are eligible for Medicaid during the course of their treatment. In order to be eligible for Medicaid, a woman must meet the following criteria:
 1. Screened through the Indiana Breast and Cervical Cancer Program (BCCP) and determined to need treatment.
 2. Under 65 years of age
 3. Not eligible for other categories of Medicaid or other insurance that covers breast or cervical cancer treatment
 4. Family income of less than 250 percent of the federal poverty level (will be reduced to 200 percent of the federal poverty level effective September 29, 2001).

Information about this screening program is available on the Web site at <http://www.in.gov/isdh/programs/bccp/index.htm>. Providers who do not have Web access may contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

Women in this program have Hoosier Healthwise Package A coverage, but are not assigned a primary medical provider. Claims are billed to EDS and certification codes are not required. Eligibility is terminated when the treatment period has ended. **Providers must verify eligibility before any service is rendered.**

- The letter sent with the recent release of the *Indiana Health Coverage Programs Provider Manual* stated that updates in this release reflect program policy and coverage information published in IHCP bulletins and banner page articles dated March 1, 1999, to June 1, 2000. Bulletins and banner pages published after June 1, 2000, must be referenced in addition to the updated *Indiana Health Coverage Programs Provider Manual* to ensure the most current policies and procedures are followed. The June 1, 2000, date is correct since the manual was updated to that date. The following are highlights of this update:
 - Chapters 1, 2, 3, 6, 7, 8, 9, 10, 13, and 14 are updated.
 - Chapter 3 has updated Electronic Verification Systems (EVS) information through August 10, 2000.
 - Chapter 9 is updated with current drug efficacy study implementation (DESI) and federal upper limit (FUL) listings.
 - All chapters contain current telephone numbers, addresses, and contact information.
 - Appendix A has updated Indiana Administrative Code (IAC) information as of June 11, 2001. Updates after June 11, 2001, are available at the www.state.in.us/legislative/iac/title405.html Web site.

Indiana Health Coverage Programs Provider Manuals were mailed on or before July 31, 2001. Any provider who has not received a manual should contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.



I M P O R T A N T I N F O R M A T I O N

P R O V I D E R W O R K S H O P S

The Office of Medicaid Policy and Planning (OMPP), the Office of Children’s Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend the 2001 third quarter IHCP workshops free of charge. The morning session will begin promptly at 9 a.m. and the afternoon session will begin at 1:00 p.m. **These sessions are designed for newly enrolled providers and new billing analysts.** Directions to workshop locations are available on the IHCP Web site.

Table 1.1 – IHCP Workshop Locations

Workshop Date	Registration Deadline	City	Location
August 8, 2001	August 3, 2001	Bloomington	Bloomington Hospital Wegmiller Auditorium 601 West 2 nd Street Bloomington, Indiana
August 9, 2001	August 3, 2001	South Bend	Memorial Hospital South Bend Auditorium 615 North Michigan Street South Bend, Indiana
August 16, 2001	August 10, 2001	Muncie	Ball Memorial Hospital Conference Room OMP-1 2401 University Avenue Muncie, Indiana
August 21, 2001	August 15, 2001	Jeffersonville	Clark Memorial Hospital Conference Center 1220 Missouri Avenue Jeffersonville, Indiana
August 22, 2001	August 15, 2001	Lafayette	Kathryn Weil Center for Education Medical Arts Building 415 North 26 th Street, Suite 400 Lafayette, Indiana

Table 1.2 – Session Information

Time	Topic
9:00-11:45 a.m. or 1:00-3:45 p.m.	IHCP 101 Workshop <ul style="list-style-type: none"> • 590 Program • Traditional Medicaid Program • Hoosier Healthwise Benefit Packages • Eligibility Verification Systems (EVS) • Third party liability (TPL) • Claim processing guidelines

Registration: Please print or type the information below and fax to (317)-488-5376.

These sessions are designed for newly enrolled providers and new billing analysts.

Name of Registrant (s) _____

Registration Point of Contact:

Provider Number _____

Provider Name _____

Provider Address _____

City _____ State _____ ZIP _____

Provider Telephone _____ Provider Fax _____

I (we) will attend: a.m. session p.m. session

*Note: Seating for these sessions is limited to two registrants per provider number. An EDS staff member will contact your office prior to the workshop to confirm your attendance. **Workshop registrations will be accepted until the workshop deadline or until capacity is reached. Receipt of your fax does NOT guarantee registration. If you do not receive a phone call from an EDS staff member your attendance is NOT confirmed.** These workshops will be offered each quarter and information about future workshops will be forthcoming. Please direct any questions about these workshops to EDS representatives at (317) 488-5195.*